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APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.		CONFIRMATION NO.
10/686,396	10/686,396 10/14/2003		Keijchiro Ishihara		1232-5177		6840
TITLE OF INVENTION:	TWO-DIMENSIONAL	L SCANNING APPARA	ATUS, AND IMAGE DISP	LAYING APPARA	TUS		
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE	V. PAID ISSUE FEE TOTAL FEE		DATE DUE
nonprovisional	NO	\$1510	\$300	\$0	\$1810		07/09/2009
EXAMI	NER	ART UNIT	CLASS-SUBCLASS				
BECKLEY, JONATHAN R		2625	359-212000				
 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 			2. For printing on the patent front page, list ROSSI, KIMMS & McDOWELL, LLP				
			(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,				
Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.			(2) the name of a single firm (having as a member a 2				
"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is 1 listed, no name will be printed.				
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PLEASE NOTE: Unle recordation as set forth	ss an assignee is ident in 37 CFR 3.11. Come	ified below, no assignce pletion of this form is NO	data will appear on the p	atent. If an assigne	e is ide	entified below, the do	cument has been filed fo
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for crootatishus as et of the in 37 CFR 3.11. Completion of this form is NOT a substance for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CTT' and STATE OR COUNTRY)							
ÇANON KABUSHIKI KAISHA TOKYO, JAPAN							
Please check the appropria	nte assignee category or	categories (will not be pr	rinted on the patent):	Individual 🛮 Co	rporatio	m or other private grou	ap entity Governmen
4a. The following fee(s) are submitted: 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)							
ssue Fee		A check is enclosed.					
Publication Fee (No	small entity discount p	Payment by credit card. Form PTO-2038 is attached.					
Advance Order - #	of Copies		The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 18-2056 (enclose an extra copy of this form).				
5. Change in Entity State					10-	2030	
a. Applicant claims	SMALL ENTITY state	is. See 37 CFR 1.27	b. Applicant is no long	ger claiming SMAL	LENT	ITY status. See 37 CF.	R 1.27(g)(2).
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